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## APPLICANTS

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## \*\* CONTINUING DATA

\*\*\*\*\*None S.T.\*\*\*\*\*

## \*\* FOREIGN APPLICATIONS

\*\*\*\*\*None S.T.\*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 06/14/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature S.T.	Initials		

## ADDRESS

22120

## TITLE

High density information presentation using space-constrained display device

<b>FILING FEE RECEIVED</b> 1006	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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